

DO NOT file this claim if you are going to file a Missouri income tax return! See the instructions.



# 2003 FORM MO-PTC

AMENDED CLAIM ☐

MISSOURI DEPARTMENT OF REVENUE

## PROPERTY TAX CREDIT CLAIM

VENDOR  
CODE

|   |  |                              |  |
|---|--|------------------------------|--|
| SOCIAL SECURITY NO.                                       |  | SPOUSE'S SOCIAL SECURITY NO. |  |
| LAST NAME   |  | FIRST NAME                   | INITIAL JR, SR                         |
| BIRTHDATE MM DD YY  |  | TELEPHONE NUMBER             | DECEASED 2003 <input type="checkbox"/> |
| SPOUSE'S LAST NAME  |  | FIRST NAME                   | INITIAL JR, SR                         |
| BIRTHDATE MM DD YY  |  | TELEPHONE NUMBER             | DECEASED 2003 <input type="checkbox"/> |
| IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REP., ETC.) |  |                              |  |
| PRESENT HOME ADDRESS                                      |  | CITY, TOWN, OR POST OFFICE   | STATE ZIP CODE                         |

|                |  |   |
|----------------|--|---|
| QUALIFICATIONS | <b>You must check a qualification to be eligible for a credit. Check only one. Required copies of letters, forms, etc., must be included with claim.</b> |   |
|                | <input type="checkbox"/> A. 65 years of age or older (Attach a copy of Form SSA-1099.)   | <input type="checkbox"/> C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.) |
|                | <input type="checkbox"/> B. 100% Disabled Veteran (Attach a copy of the letter from Department of Veteran's Affairs.)                                    | <input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.) |
|                |  |   |

|               |   |   |
|---------------|---|---|
| FILING STATUS | <input type="checkbox"/> Single <input type="checkbox"/> Married — Filing Combined <input type="checkbox"/> Married — Living Separate for Entire Year | If married filing combined, you must report both incomes. |
|---------------|---|---|

Failure to provide proper supporting documentation (lease agreement(s), tax receipt(s), 1099(s), W-2(s), etc.) will result in denial or delay of your claim! Items listed below in red MUST be attached to claim if that line has an amount entered on it.

|                             |  |    |    |
|-----------------------------|--|----|----|
| HOUSEHOLD INCOME            | 1. Enter the amount of social security benefits before any deductions and/or the amount of social security equivalent railroad retirement benefits. Attach Form SSA-1099 and/or RRB-1099. ....   | 1  | 00 |
|                             | 2. Enter the total amount of wages, pensions, annuities, dividends, interest income, or other income. Attach Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-MISC, etc. ....  | 2  | 00 |
|                             | 3. Enter the amount of railroad retirement benefits (not included in Line 1) before any deductions. Attach Form RRB/1099-R (Tier II). ....   | 3  | 00 |
|                             | 4. Enter the amount of veteran's payments or benefits before any deductions. Attach letter from Veteran's Affairs. ....  | 4  | 00 |
|                             | 5. Enter the total amount received by you and/or your minor children from: public relief, public assistance, SSI, child support, Temporary Assistance (TA) payments, or unemployment benefits. Attach letter from SSA, letter from Social Services, letter from DCSE, letter from DFS, Employment Security 1099, if applicable. .... | 5  | 00 |
|                             | 6. TOTAL household income — Add Lines 1 through 5. ....  | 6  | 00 |
|                             | 7. Enter \$2,000 if you are married and filing a combined claim with your spouse. Otherwise, enter "0". ....   | 7  | 00 |
|                             | 8. Net household income — Subtract Line 7 from Line 6. If the total is over \$25,000, no refund is allowed — Do not file this claim. (Amount from Line 8 is used to figure your refund.) ....  | 8  | 00 |
| REAL ESTATE TAX / RENT PAID | 9. If you owned your home, enter the total amount of real estate tax that you paid for your home less special assessments. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form 948, Assessor's Certification. ....                                       | 9  | 00 |
|                             | 10. If you rented your home, enter the amount from Form MO-CRP(s), Line 8 in box to the right. (If total yearly rent is more than Line 6, attach rent payment explanation.) Attach lease agreement(s), rent receipt(s), or a statement from your landlord, along with Form MO-CRP. .... <input type="text"/> 00 x 20% =              | 10 | 00 |
|                             | 11. Total tax and/or rent — Add Lines 9 and 10. (Amount from Line 11 is used to figure your refund.) ....  | 11 | 00 |
| CREDITS                     | 12. You must use the chart in the instructions to see how much refund you are allowed. Apply amounts from Lines 8 and 11 to chart in the instructions to figure your Property Tax Credit. Enter refund here. .... TOTAL REFUND   | 12 | 00 |

|           |  |                   |                                 |   |                    |   |   |
|-----------|--|-------------------|---------------------------------|---|--------------------|---|---|
| SIGNATURE | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous claim. |                   | DOR ONLY                        | S | E                  | P | F |
|           | I authorize the Director of Revenue or delegate to discuss my claim and attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO   |                   | PREPARER'S PHONE                |   |                    |   |   |
|           | SIGNATURE  | DATE              | PREPARER'S SIGNATURE            |   | FEIN, SSN, OR PTIN |   |   |
|           | SPOUSE'S SIGNATURE   | DAYTIME TELEPHONE | PREPARER'S ADDRESS AND ZIP CODE |   | DATE               |   |   |

Mail claim and attachments to Missouri Department of Revenue, P.O. Box 2800, Jefferson City, MO 65105-2800.



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 2003**

**2003**  
FORM  
**MO-CRP**

- Read instructions.
- Print or type.

|   |  |                                 |  |  |      |
|---|--|---------------------------------|--|--|------|
| 1. SOCIAL SECURITY NUMBER   |  | SPOUSE'S SOCIAL SECURITY NUMBER |  | ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, EXPLAIN. |      |
| 2. LAST NAME  |  | FIRST NAME                      |  | M INITIAL  |      |
| ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)   |  |                                 |  | 3. LANDLORD'S NAME, SOCIAL SECURITY NO.  |      |
| CITY, STATE, AND ZIP CODE   |  |                                 |  | 4. LANDLORD'S PHONE NUMBER   |      |
| 5. RENTAL PERIOD DURING YEAR  |  | FROM: MONTH DAY YEAR            |  | TO: MONTH DAY YEAR   |      |
| 6. Enter your gross rent paid. <b>Attach copies of your lease agreement(s) or copies of cancelled checks (front and back) for rent paid, or rent receipts. If receiving assistance, enter the amount of rent YOU paid.</b> .....  |  |                                 |  |  | 6 00 |
| 7. Check the appropriate box and enter the corresponding percentage on Line 7.<br><input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%<br><input type="checkbox"/> B. MOBILE HOME LOT — 100%<br><input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50%<br><input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%<br><input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/><br><input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.)<br><input type="checkbox"/> G. SHARED RESIDENCE — If you shared your residence with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage.<br><b>Additional persons sharing residence/percentage to be entered:</b> <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%) |  |                                 |  |  | 7 %  |
| 8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12 OR FORM MO-PTC, LINE 10. ....   |  |                                 |  |  | 8 00 |

MO 860-1089 (11-2003)

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